



Linda McCulloch, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.state.mt.us  
ATTN: Educator Licensure

## CLASS 1, 2 AND/OR 3 INSTITUTIONAL EVALUATION AND RECOMMENDATION

Last Name	First Name	Middle Name	Former Name(s)	
Mailing Address (Street, RFD, PO Box)		City	State	ZIP
E-Mail Address				
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Phone	Work Phone

The above-named is an applicant for teacher or administrative licensure in Montana.

**Instructions:** Complete this form only if applying for a Class 1, 2, 3 or 5, if applicable. If not, please discard.

**Institutional Evaluation and Recommendation:**

The Dean of Education or Certification Official at your college must complete this form. Photocopy if needed.

Evaluation of Teacher Preparation	Semester Credits	Quarter Credits	*Check Here if Deficient
Elementary education program completed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Secondary education program completed <input type="checkbox"/> 5-12 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Teaching major(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____			
Teaching minor(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____			
<b>Class 3 Administrative Program</b> <input type="checkbox"/> Class 3 Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Secondary Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> K-12 Principal <input type="checkbox"/> Supervisor K-12 Special Education			

**Recommendation**

If recommending an adjustment or addition to an existing license, please indicate below:

1. Change Class to \_\_\_\_\_
2. Has completed conversion program to \_\_\_\_\_ (elementary or secondary) education.
3. Has completed a teaching minor (or major) resulting in an added endorsement.  
Subject area and level \_\_\_\_\_ No. of Credits \_\_\_\_\_  
Subject area and level \_\_\_\_\_ No. of Credits \_\_\_\_\_

University  
Seal

I hereby recommend licensure for \_\_\_\_\_  
(Name)

Signature _____	Institution _____
Title _____ (Dean of Education or Licensure Official)	Please check if your institution is <input type="checkbox"/> State Board <input type="checkbox"/> NCATE
Printed Name _____	Date _____
	Phone Number _____